

<b>Total Residual Chlorine</b> <b>Orion Research, Model 97-70 (1977)</b>						Page 1 of 1
Facility Name: _____ VELAP ID: _____						
Assessor Name: _____ Analyst Name: _____ Inspection Date: _____						
Relevant Aspect of Standards	Method Reference	Y	N	N/A	Comments	
<i>Records Examined:</i> SOP Number/ Revision/ Date _____ Analyst: _____						
Sample ID: _____ Date of Sample Preparation: _____ Date of Analysis: _____						
Were working calibration standards and reagent blanks prepared daily?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was slope checked daily as described in electrode manual?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was electrode stored dry if stored for longer than one week?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If electrode had been stored dry, was it soaked in a fresh aliquot of reagent blank for 15 minutes prior to calibration?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Were calibration solutions not stirred during calibration?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was electrode placed into sample and a 2 minute time observed prior to sample reading?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Were samples not stirred during measurement?	Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notes/ Comments:						